

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.:	SC12850ZC
	First Inventor:	Samay P. Kapoor
	Title:	AMPLIFIER CIRCUIT
	Express Mail Label No.:	EV 322114158 US

APPLICATION ELEMENTS (see MPEP chapter 600 concerning utility patent application contents)	Mail Stop Patent Application ADDRESS TO: Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27 3. <input checked="" type="checkbox"/> Specification [Total Pages <u>14</u>] (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R & D -Reference to sequence listing, a table, or computer program listing appendix -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>3</u>] 5. Oath or Declaration [Total Sheets <u>3</u>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b) 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies
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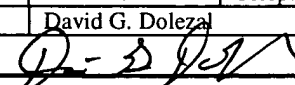
ACCOMPANYING APPLICATION PARTS	
9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PT-1449 Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____	

18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation
 ☐ Divisional
 ☐ Continuation-in- Part (CIP)
 of prior application No. _____

Prior application information:
 Examiner: _____
 Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number		<u>23125</u>	or <input type="checkbox"/> Correspondence address below		
Name					
Address					
City		State		Zip Code	
Country		Telephone		Fax	
Name	David G. Dolezal		Registration No.	41,711	
SIGNATURE				Date	10/20/03

SC12850ZC



FEE TRANSMITTAL Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<i>Complete if Known</i>	
		Application Number	
		Filing Date	Concurrently Herewith
		First Named Inventor	Samay P. Kapoor
		Examiner Name	
		Group Art Unit	
TOTAL AMOUNT OF PAYMENT		(\$)	972.00
		Attorney Docket No.	SC12850ZC

METHOD OF PAYMENT <i>(check all that apply)</i> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 502117 Deposit Account Name: Motorola, Inc. The Director is authorized to: <i>(check all that apply)</i> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.	FEE CALCULATION (continued)
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FEE CALCULATION																															
1. BASIC FILING FEE																															
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Paid																											
1001	770	2001	385	Utility filing fee 770																											
1002	340	2002	170	Design filing fee 																											
1003	530	2003	265	Plant filing fee 																											
1004	780	2004	385	Reissue filing fee 																											
1005	160	2005	80	Provisional filing fee 																											
SUBTOTAL (1)				(\$ 770.00)																											
2. EXTRA CLAIM FEES																															
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Total Claims</td> <td style="width:10%; border: 1px solid black; text-align: center;">29</td> <td style="width:5%; text-align: center;">-</td> <td style="width:10%;">Previously Paid**</td> <td style="width:10%; border: 1px solid black; text-align: center;">20</td> <td style="width:5%; text-align: center;">=</td> <td style="width:10%;">Extra Claims</td> <td style="width:10%; border: 1px solid black; text-align: center;">9</td> <td style="width:5%; text-align: center;">X</td> <td style="width:10%;">Fee from below</td> <td style="width:10%; border: 1px solid black; text-align: center;">18</td> <td style="width:5%; text-align: center;">=</td> <td style="width:10%;">Fee Paid</td> <td style="width:10%; border: 1px solid black; text-align: center;">162</td> </tr> <tr> <td>Independent Claims</td> <td style="border: 1px solid black; text-align: center;">3</td> <td></td> <td></td> <td style="border: 1px solid black; text-align: center;">3</td> <td></td> <td></td> <td style="border: 1px solid black; text-align: center;">0</td> <td></td> <td></td> <td style="border: 1px solid black; text-align: center;">86</td> <td></td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> </table>					Total Claims	29	-	Previously Paid**	20	=	Extra Claims	9	X	Fee from below	18	=	Fee Paid	162	Independent Claims	3			3			0			86		0
Total Claims	29	-	Previously Paid**	20	=	Extra Claims	9	X	Fee from below	18	=	Fee Paid	162																		
Independent Claims	3			3			0			86		0																			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Multiple Dependent</td> <td style="width:10%; border: 1px solid black; text-align: center;">290</td> <td style="width:5%; text-align: center;">=</td> <td style="width:10%; border: 1px solid black; text-align: center;">0</td> </tr> </table>					Multiple Dependent	290	=	0																							
Multiple Dependent	290	=	0																												
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description																											
1202	18	2202	9	Claims in excess of 20																											
1201	84	2201	42	Independent claims in excess of 3																											
1203	280	2203	140	Multiple dependent claim, if not paid																											
1204	84	2204	42	* Reissue independent claims over original patent																											
1205	18	2205	9	* Reissue claims in excess of 20 and over original patent																											
SUBTOTAL (2)				(\$ 162.00)																											
3. ADDITIONAL FEES																															
Large Entity Code	Fee (\$)	Small Entity Code	Fee (\$)	Fee Description																											
1051	130	2051	65	Surcharge - late filing fee or oath																											
1052	50	2052	25	Surcharge - late Provisional filing																											
1053	130	1053	130	Non-English specification																											
1812	2520	1812	2520	For filing a request for ex parte Reexamination																											
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action																											
1805	1840*	1805	1840*	Requesting publication of SIR after Examiner action																											
1251	110	2251	55	Extension for reply within first month																											
1252	420	2252	210	Extension for reply within second month																											
1253	950	2253	475	Extension for reply within third month																											
1254	1480	2254	740	Extension for reply within fourth month																											
1255	2010	2255	1005	Extension for reply within fifth month																											
1401	330	2401	165	Notice of Appeal																											
1402	330	2402	165	Filing a brief in support of an appeal																											
1403	290	2403	145	Request for oral hearing																											
1451	1510	1451	1510	Petition to institute a public use proceeding																											
1452	110	2452	55	Petition to revive - unavoidable																											
1453	1330	2453	665	Petition to revive - unintentional																											
1501	1330	2501	665	Utility issue fee (or reissue)																											
1502	480	2502	240	Design issue fee																											
1503	640	2503	320	Plant issue fee																											
1460	130	1460	130	Petitions to the Commissioner																											
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)																											
1806	180	1806	180	Submission of IDS																											
8021	40	8021	40	Recording each patent assignment per property (times number of properties)																											
1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))																											
1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))																											
1801	770	2801	385	Request for Continued Examination (RCE)																											
1802	900	1802	900	Request for expedited examination of a design application																											
Other fee (specify) _____																															
SUBTOTAL (3)				(\$ 40.00)																											
* Reduced by Basic Filing Fee Paid																															

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	David G. Dolezal	Registration No.	41,711
Signature		Telephone	512.996.6839
		Date	10/20/03

SC12850ZC